JUN 2 7 2005 FOR APPLICATION OF:

SCHIFF, HARDIN LLP

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

Neumeier et al.

GROUP ART UNIT: 2882

SERIAL NO .:

10/756,084

EXAMINER: Chih Cheng G Kao

FILED:

January 13, 2004

CONFIRMATION NO.: 3106

TITLE: "X-RAY TUBE WITH HOUSING ADAPTED TO RECEIVE AND HOLD AN ELECTRON BEAM DEFLECTOR"

AMENDMENT "A"

MAIL STOP AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

STR

Transmitted herewith is an amendment in the above-identified application.

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

■ No additional fee is required.

The fee has been calculated as shown below.

| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | (6) RATE | (7) ADDITIONA FEE |
|--|--|-------|-------------------------------------|---|----------------------------|-------------------------|
| TOTAL CLAIMS | *11 | MINUS | **16 | x | () X 25.00 () X 50.00 | |
| INDEP. CLAIMS | * 2 | MINUS | 3 | х | () X 10000 () X 20000 | |
| | mended to contain dependent claims y paid for. | | () YES () NO | ()\$180.00 ()\$360.00 ONE TIME | | |
| 34 - 24 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - | | | TOTAL ADDITIONAL FOR THIS AMENDM | | | \$0. |

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.
 Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated for _____ for ___ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
 A check in the amount of \$_____ is attached.
 A check for \$____ accompanying IDS under 37 CFR 1.97(c) is attached.
 A check for \$____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
 The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.
 When phoning re this application, please call (312) 258-5500.

SCHIFF, HARDIN LLP (Customer Number: 26574)

| | BY_ | Satehi Debar | tment X | /1 | WY | (28,982) |
|-----|------|--------------|----------|----------|---------------|----------|
| | | | | | as First Clas | |
| Dan | 1450 | A lovendrie | Mirainia | 22212 1/ | 150 on June 2 | 2 2005 |

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in a envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on <u>June 22, 2005</u>

Steven H. Noll

| NAME OF APPLICANT'S ATTORNEY | | | | | |
|------------------------------|--|--|--|--|--|
| Stevent Noll | | | | | |
| SIGNATURE | | | | | |
| June 22, 2005 | | | | | |
| DATE | | | | | |



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

SIR:

In response to the Office Action dated March 23, 2005 Applicants herewith amend the application as follows.